



Strengthening Workforce Capacity for Social Emotional Health Services in Early Childhood

Today's Panelists



Brittany Knowles
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Community Quality Strategist



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Dr. Amy King
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CCO Director



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PacificSource – Marion Polk
Behavioral Health Strategist

Agenda



Welcome & Panel Introductions - 5 minutes



Metric Overview - 25 minutes



Cards for Connections Overview - 15 minutes



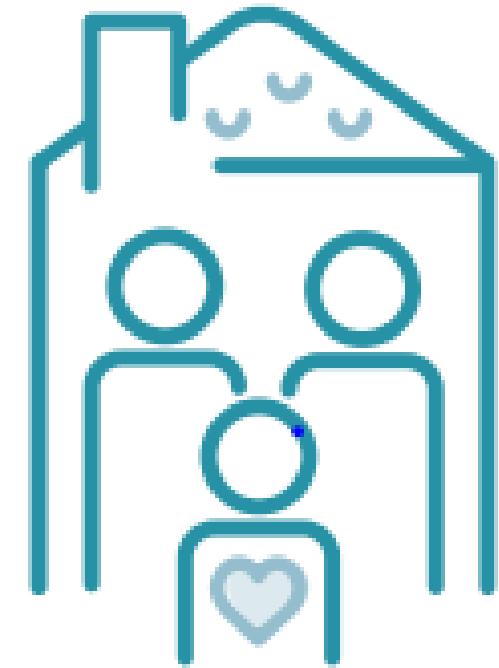
Q&A- 15 minutes

Metric History and Overview

North Star Goal: That Children Are Ready for Kindergarten

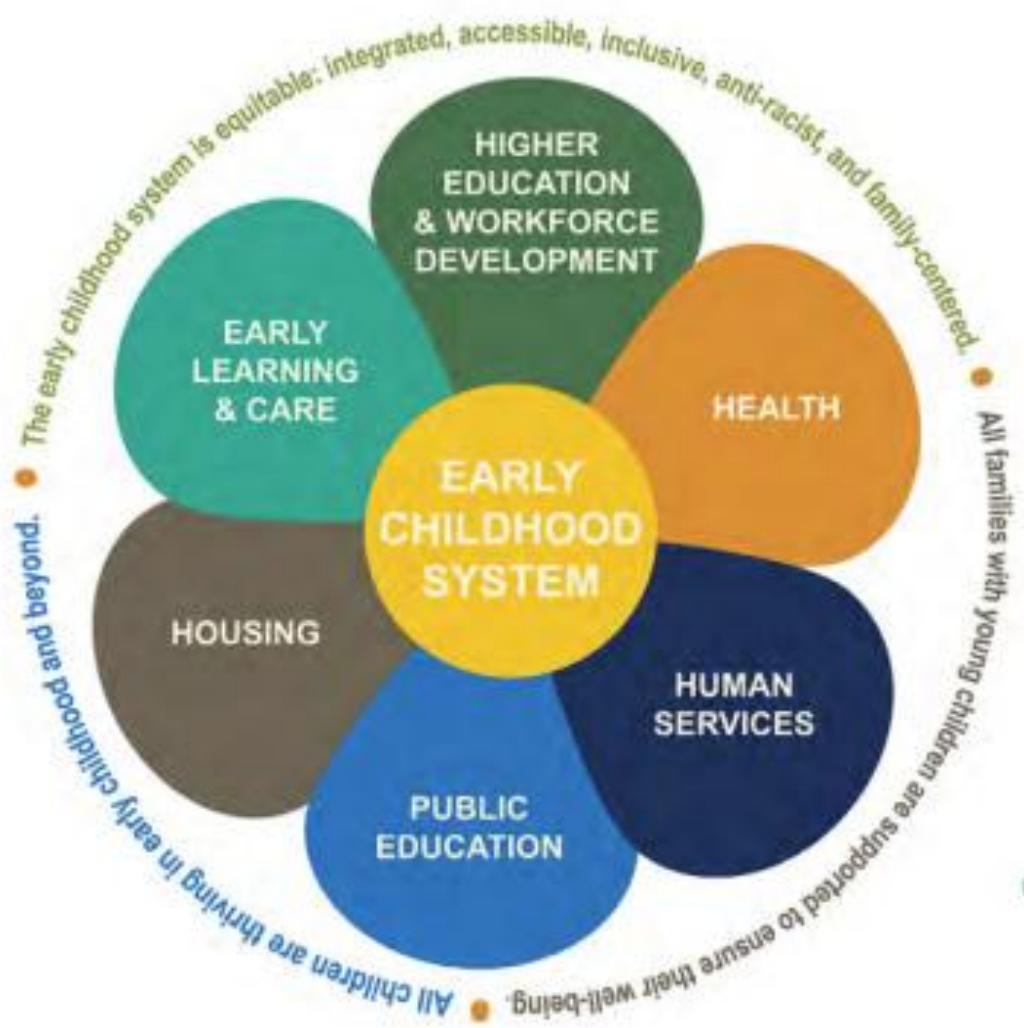
Aligned with transformational vision of this metric we continue to work to ensure our families and communities have:

- ✓ Access to best match services social emotional health services
- ✓ When they need them
- ✓ In a setting that works for them



How Different Sectors Are Achieving this Vision

Raise Up Oregon: A Statewide Early Childhood System Plan



Vision: All of Oregon's young children, prenatal to age five experience an early start that results in positive health, education, and life outcomes regardless of zip code, and family income race

System Goal 1: The early childhood system is equitable; integrated, accessible, inclusive, anti-racist and family centered.

System Goal 2: All families of young children are supported to ensure well-being

System Goal 3: All children are thriving in early childhood and beyond

Raise Up Oregon: Supporting Children's Social-Emotional Health

Dept. of Early Learning and Care



- Convene local partners to support implementation of Pyramid Model
 - Adoption of Every Child Belongs
- Crosswalk EL & Kindergarten Guidelines with implementation plan for Oregon's K-12 Social-Emotional Learning Standards
- Expand School Medicaid billing for eligible non-IDEA health services and additional staff including LPC/Family Counselors, Licensed Behavioral Health, Nutritionists etc.

Oregon Health Authority



- Review and improve the Child and Family Behavioral Health contracting process to increase accessibility to all community providers, including culturally specific organizations.
- Adopt Child- Level Issue Focused Intervention Incentive Metric

Social Emotional Health Metric History

- First three years - CCOs were required to attest to four required components
- Metric created glide path to deepen understanding and system collaboration
- In 2025 metric shifted to a child level metric



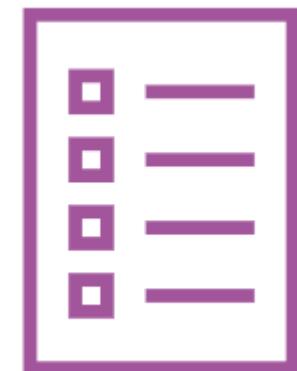
Component 1:
Review Data



Component 2:
Develop Asset Map



Component 3:
Engage Community



Component 4:
Develop Action Plan

Social Emotional Services in Oregon Medicaid

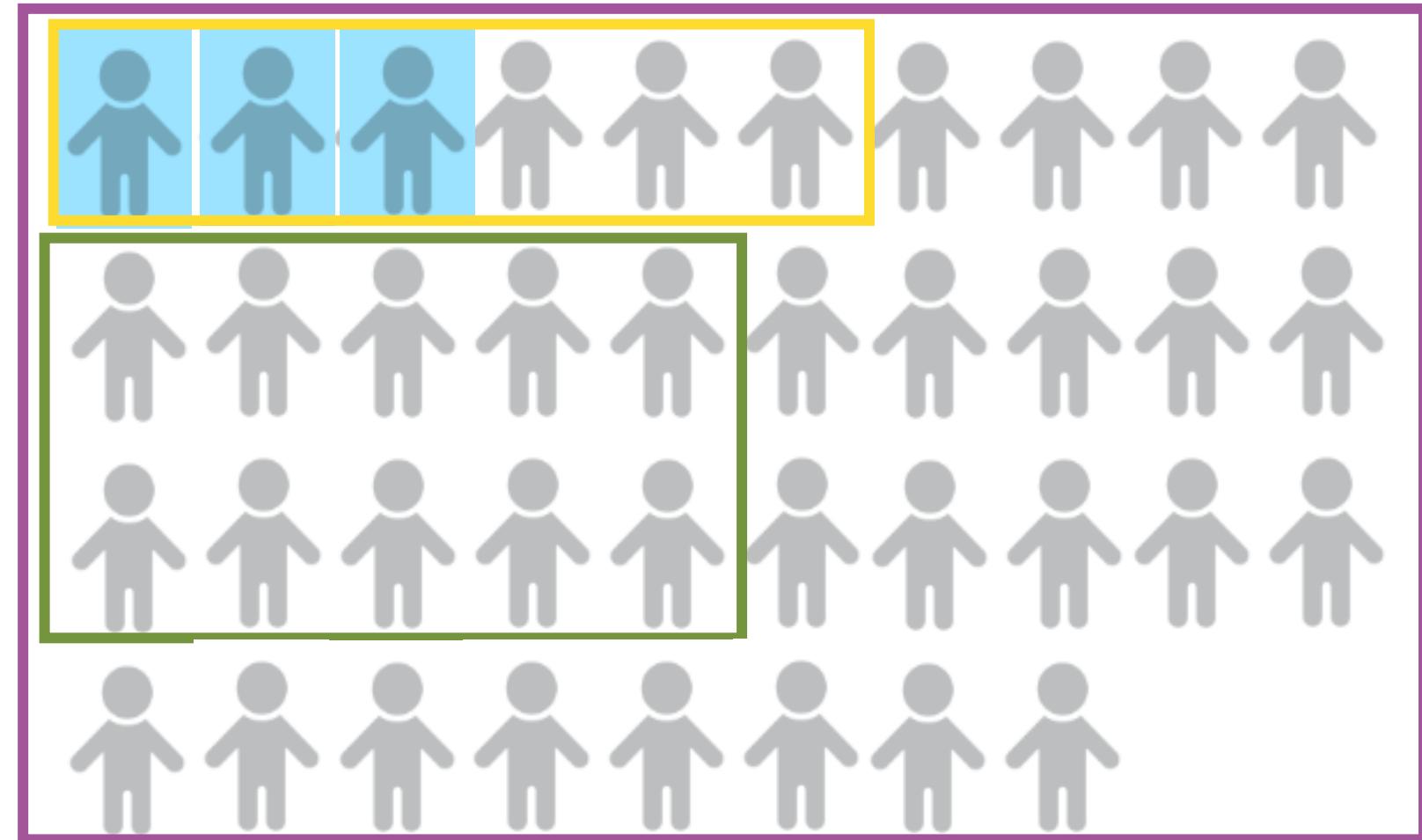
Publicly Insured Children, aged One to Five Who Received **Any Type of Social-Emotional Services: 6.7%**

12-17% will have a diagnosis who should get a behavioral health service

25% have 3 or more social complexity factors – aligned with ACEs

Bright Futures says **all children should be screened**

 = 1,000 children





Asset Map Key Findings from Pacific Source and Health Share of Oregon

Specialty Behavioral Health

- Engaged network who wants to better serve young children
- Providers are predominately white, English speaking
- The second most common spoken language by providers is Spanish
- Limited access to helpful services outside major city boundaries

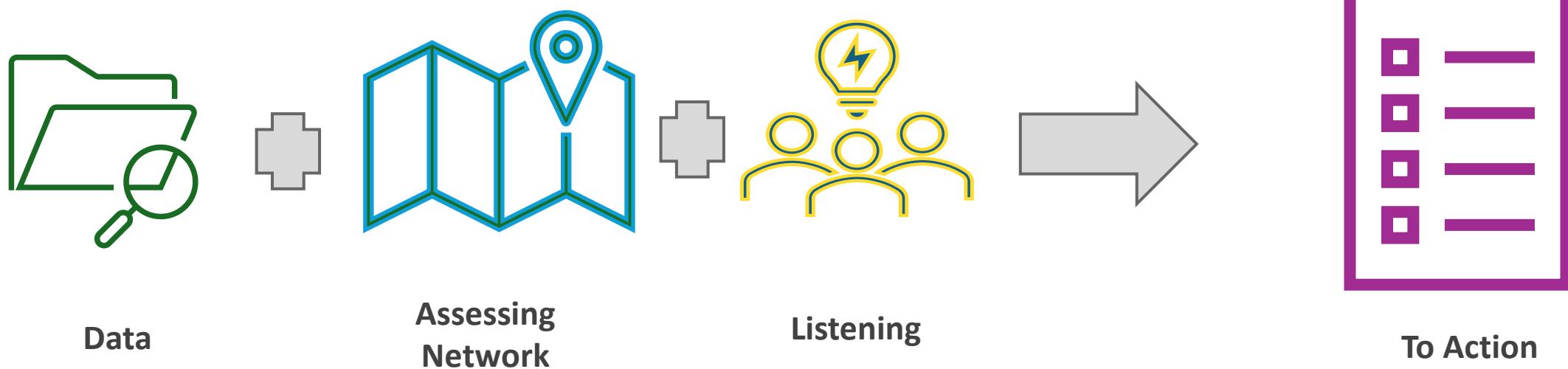
Integrated Behavioral Health

- Over 2/3's of members birth-five have access to Integrated Behavioral Health
- IBH report capacity to prioritize serving birth to five is limited due to high risk, high acuity patients
- Majority of BHC staff, serving children birth to five, are white and English-speaking

Community Based Organizations

- Aligned with investments Health Share made in MY1, Health Share had two CBOs exploring billing Medicaid for social-emotional health services
- PacificSource does not currently have a connection to CBOs exploring billing Medicaid for social-emotional health services

Action Plan to Improve Social-Emotional Health Service Capacity and Access



Health Share's 2024 Social Emotional Health Action Plan

Clinical Level Strategy Investments

- Workforce Development for:
 - Specialty Behavioral Health
 - Integrated Behavioral Health
- Workforce Stipends for Specialty Behavioral Health
- Support dissemination of publicly available on what Specialty Behavioral Health services and how to navigate to needed resources
- Identify areas for pilots based on social health complexity data

Community Level Strategy Investments

- Sustain investments with 2 CBOs to explore implementing and delivering billable Social Emotional Health services for children birth to 5-year-olds.
- Support focus groups to advise on a regional messaging campaign including those from priority populations
- Share information on what community-based organizations and specialty behavioral health are providing behavioral health resources

PacificSource's 2024 Action Plan

Clinical Level Strategies

- Workforce Development interventions targeting the following provider types specifically:
 - Primary Care Providers
 - Specialty behavioral health providers
 - Integrated behavioral health
 - CHW/THW staff
 - Early Learning System Providers
- Training opportunities including:
 - Training for system partners to increase Social Emotional Health Screenings
 - Credentialing or training opportunities for system partners that increase their knowledge in evidence-based interventions supporting young children

Community Level Strategies

- Increase knowledge of PCS care management services amongst early childhood serving providers
- Increase access to information available in the community regarding behavioral health services for children and families
- Collaborate in efforts to implement community wide public health messaging campaign promoting social-emotional health in a culturally responsive way

Funding Mechanism for Training

PacificSource Marion Polk

- QIM dollars flow through Health Council Model
- Willamette Health Council Clinical Advisory Panel provided grants to regional partners engaging in work related Social-Emotional Health Metric
- Partnership with Marion & Polk Early Learning Hub to create and implement Social-Emotional Health Action Plan



- Aligned with our Social-Emotional Health Action plan we submitted a financial ask for Quality Metrics Optimization funds
- In 2024 our ask was \$1 Million dollars

Cards for Connection Training

Partnered with Dr. Amy King and her team to present Cards for Connection[©]

- This training aligns with our community needs elevated including:
 - Need to host foundational training elevating unique needs of young children and families
 - Provide concrete & tangible tools to be used when supporting families
 - Build connection between sectors supporting social-emotional health (Primary Care, Specialty Behavioral Health and Early Learning partners)

Scarlet's Story

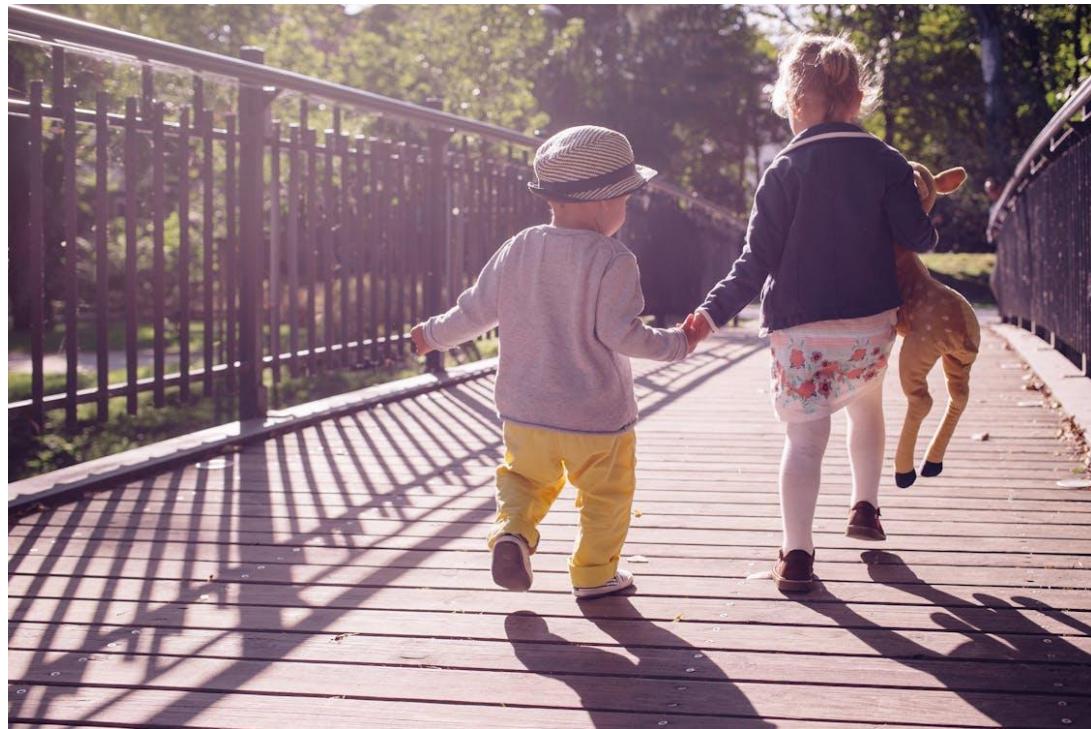


Cards for Connection

Cards for Connection™ enhances relational health by equipping professionals with accessible, research-based interventions that bridge gaps and allow families to flourish.



What do we mean by “Bridging the Gap”?



The gap between:

- Mental and behavioral health
- Caregiver guidance
- Professional knowledge
- Between you and caregivers
- Between you and other experts
- Between caregivers and children

“I want to bridge the gap in the child inside the adult also.”

Cards for Connection™

Our Vision:

We believe that every interaction matters. Our vision underscores the belief that professionals already have what it takes to deliver the skills and resources needed to make a lasting impact on the lives of children and caregivers. Whether a pediatrician, educator, home visitor, nurse, or other health professional, these cards are designed to bridge gaps, spark meaningful conversations, and strengthen relationships that build social emotional health and relational health.

You don't have to be a therapist to be therapeutic.

Why Focus on Early Relational Health

A child's developmental trajectory –both positive and negative –is dependent on their early relationships.

Problems in early social, emotional, and behavioral development will predict early school failure & later relationship struggles – both which show up later in life.

Intervening early helps to prevent the need for later, and more expensive interventions –both in the educational system and the mental health system.

According to educators, social-emotional health significantly contributes to Kindergarten success, but is also the area where parents need the most support.

Parents have new brain growth in the first six months after their child's birth – in both the amygdala & frontal cortex UNLESS they are experiencing stress, which impairs frontal cortex development

Georgetown University Center for Child and Human Development, OHA Metrics & Scoring / HAKR Workgroups/Gillespie, 2025

What do we mean by INTERVENTION?

*An **intervention** is a **specific action** to **interfere** with a potential **outcome** or course, and, creating a condition or process to at least **prevent harm** caused by trauma, or, better yet, to **improve functioning** in families.*

Interventions in Cards for Connection© mitigate the harm of stressful events by building preexisting strengths into the SSNRs that our caregivers and kids experience by giving them **actionable tools to promote ERH (early relational health)**.



What do we mean by efficacious?

Efficacious Interventions include:

Developmentally appropriate practices

Parent Child Interaction Therapy (PCIT)

Circle of Security (COS)

Trauma-Informed Cognitive Behavioral Therapy (TF-CBT)

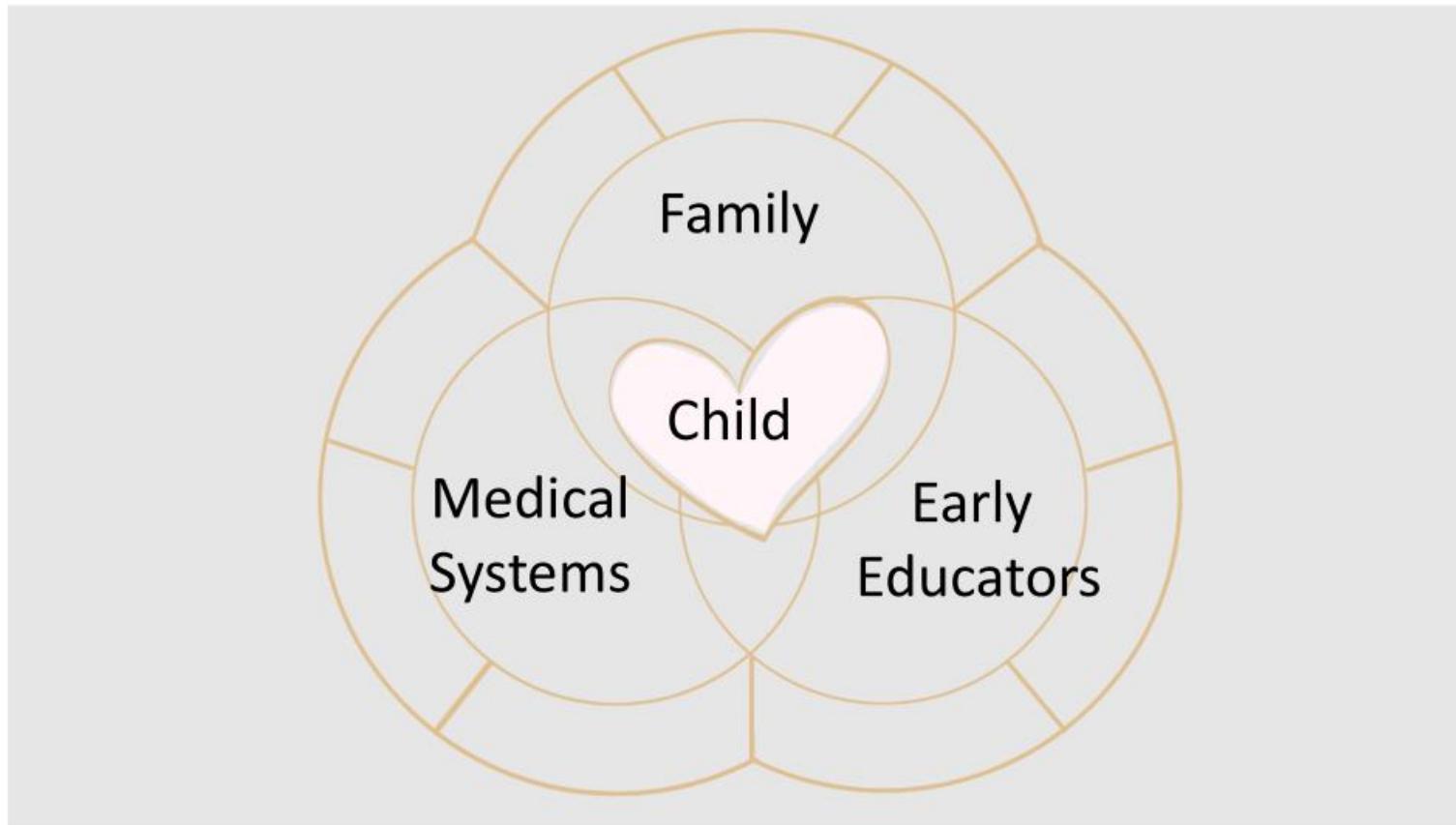
CBT Tools

Dyad Work

Systems Work

Integrated Treatment of Complex Trauma (ITCT)

Where is more support needed?



Cards for Connection

The Front Side is Education & Awareness



SED skills develop with a caregiver and help your toddler regulate and express their feelings

WHY IS IT IMPORTANT?

SED is the building block for learning, development and kindergarten readiness.

WHAT IF IT DOESN'T HAPPEN?

If we don't focus on SED, it can impact health, education, well-being and future relationships.

HOW DO I DO IT?

Looking Beyond the Behavior
I Love You rituals

HOW OFTEN?

I'm going to try _____
For _____ minutes _____ times/day or
For _____ minutes _____ times/week!

GREAT QUESTIONS TO ASK

Is it ok to dislike my toddler's behavior?

How do I handle tantrums?

I feel like I might lose it when my toddler has a meltdown, what do I do?

OTHER QUESTIONS I HAVE

RESOURCES I NEED

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The Back Side is Intervention & Support



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I LOVE YOU RITUALS

WHAT IS THIS?

A method to build unconditional love and create secure attachment and connection. You're showcasing that your love IS unconditional for them.

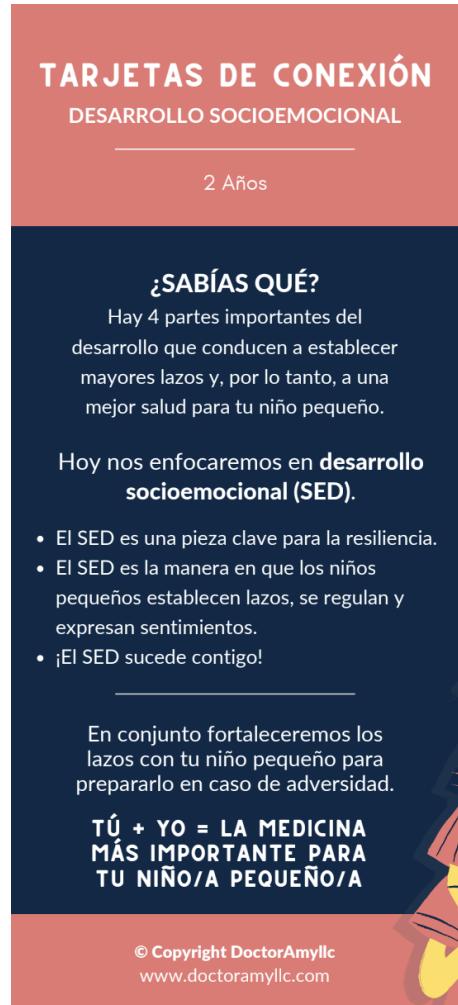
HOW DO I DO THIS?

While you're playing with your child, or putting them to bed, or simply driving in the car, try this:

- **You:** Did you know there's **NOTHING** you could ever do that I would stop loving you?
- **Child:** Nothing? Or, I bet there is!
- **You:** Try me!
- **Child:** What if I....
- **Parent:** No matter what your child says, your job is to respond with, "If you did X, I might be confused (sad, worried, etc) but I would NEVER stop loving you." Or, "even if you did X, I would still love you!"

For Use By
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Cards for Connection© – All cards are in Spanish too!

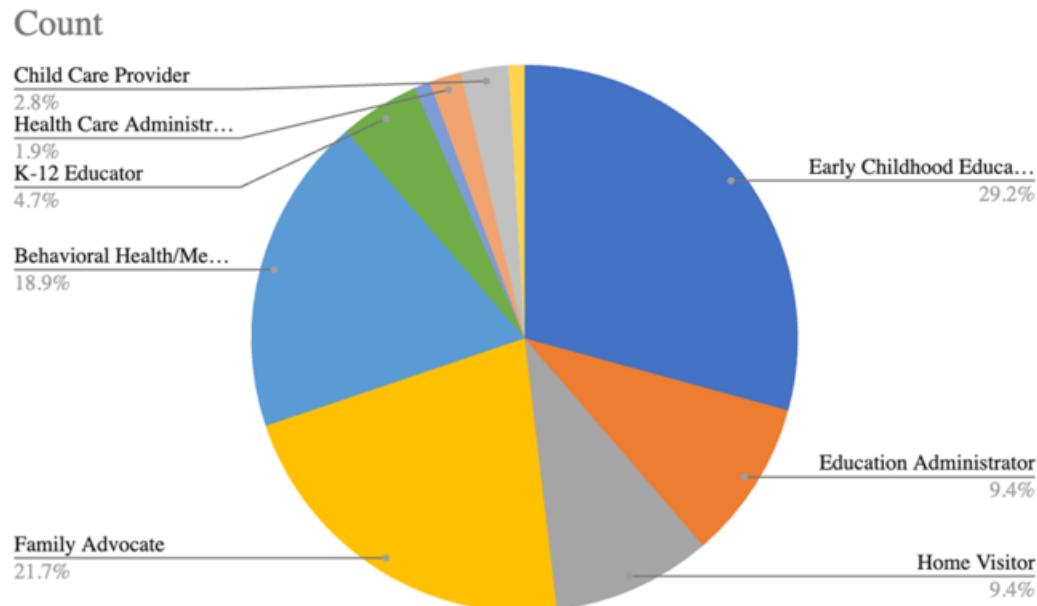


- Bilingual, bicultural consultants
- ATA Partnership
- Recognition that geography plays an important role and some words/phrases may vary, just as they do in English
- Cultural sensitivity for language formality

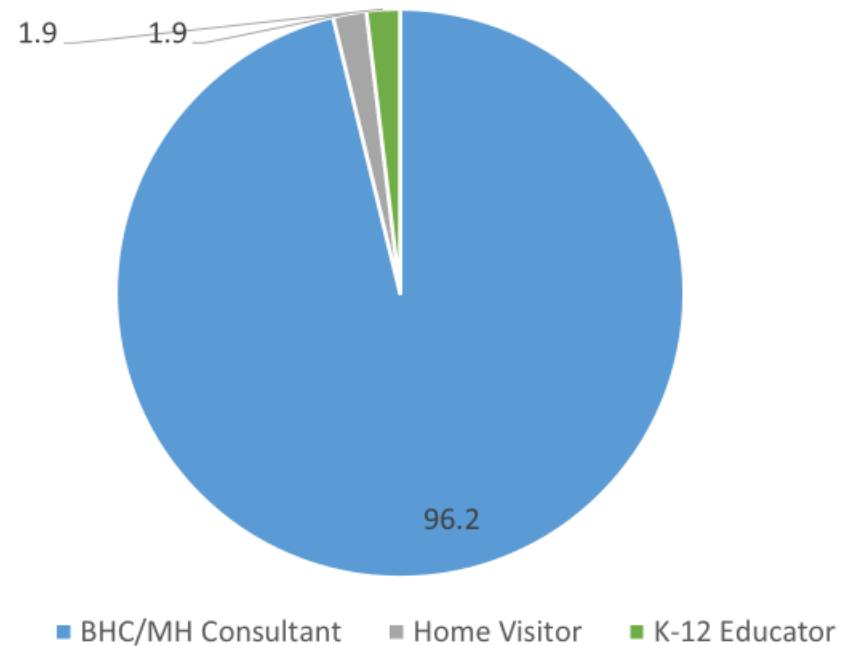


Looking at the Data

Cards for Connection Participation



Marion/Polk



Health Share of Oregon



Comfort with Providing Interventions for Infant/Toddler Mental Health

Marion & Polk

Health Share of
Oregon

Prior 10.2%

Prior 18.8%

After 84%

After 86.8%



Feel *less burned out*
as a result of this
training

Marion & Polk

85%

Health Share
of Oregon

81.1%

Marion & Polk ELH: How will this training impact your work with children & families?

Circles of Support

Understanding of how trauma presents

I have way more concrete tools to help families focus on the importance of relational health.

Collaboration with caregivers

Using the cards

I will come into visits with a different lens. I will see the children seeking connections rather than being attention seeking. I will see the positive childhood experiences rather than ACES.

I'm more equipped to provide high quality service.

I am prepared to support

I am more intentional

This IS confidence!

Health Share: What is one way this training will impact the way you work with children & families?

Giving me the confidence to use these tool to be able to help families in a more meaningful and impactful way.

The discussion felt meaningful as well as the time to practice the tools - and conversation about what others learned from their time practicing the tools.

I feel more capable of working with children 0-5

My confidence! And being given language and tangible tools to talk about abstract concepts like relational health, regulation and attunement.

Looking Ahead

Health Share & PacificSource's
commitment to this work
moving forward



Question & Answer

Fodder